A CROSS-CULTURAL STUDY OF ATTITUDES TOWARD SUICIDE AMONG YOUNG PEOPLE IN INDIA, ITALY AND AUSTRALIA

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Abstract

Background: An understanding of the cultural aspects of suicidal behavior is essential for the development of culturally appropriate suicide prevention and intervention strategies.

Aims: This study explored the attitudes toward youth suicide in 686 Italian, Indian and Australian undergraduate students (18-24 years old).

Method: A 21-item suicide attitude inventory titled Attitude towards Youth Suicide (AtYS) Scale was used in the three samples.

Results: Four factors were extracted, labelled negative attitudes toward suicide, belief that suicide was not preventable, suicide as acceptable and normal, and the existence of risk signs for suicide. Country differences were found for all four subscales, with Indian students having the most negative attitudes toward suicide. Sex differences were found in all three countries with women, on the whole, having less negative attitudes toward suicide, more belief in the preventability of suicide in India and more belief in risk signs for suicide in Italy.

Conclusions: Attitudes are linked to suicide in a complex manner. More quantitative and qualitative studies, including in lower-income and non-English speaking Western societies, are needed.

A CROSS-CULTURAL STUDY OF ATTITUDES TOWARD SUICIDE

Overall, the suicide rates of nations tend to be stable over time and very different from one another, and these differences are maintained when people migrate to a new country (Voracek & Loibl, 2008). This phenomenon raises the question of what impact culture has on people's suicidal behavior. This is particularly true for youth suicide. Colucci and Martin (2007a, 2007b) reviewed 82 studies on youth suicide and noted the lack of both quantitative and qualitative cross-cultural studies. Most of the research had been conducted in the United States, mainly addressing differences between Blacks, Whites and Hispanics. In almost all the research, race and ethnicity was just one of many demographic variables analyzed and not the central focus of the study.

Relatively few of the studies that have explored factors that may account for the highly variable national suicide rates have addressed culture as a potentially important variable impacting an individual's decision to take his or her own life. This missing area in suicidology has been identified by many authors (e.g., Colucci, 2006; Colucci & Martin, 2007a, 2007b; Colucci, Martin, Marsella, & Schweitzer, 2007; Colucci & Lester, 2013; De Leo, 2002; Eskin, 1999; Shiang, 2000; Tortolero & Roberts, 2001).

Lester (2019) and Colucci (2013) argued forcefully that culture plays an important role in determining suicidal behavior. While other factors (such as brain chemistry and genes) may play a role in determining the differing incidence of suicide in different cultures, researchers have never used those factors to explain cultural differences in the meaning of suicide in a culture or in the manner in which the suicide is carried out, such as the method used, the location chosen, whether to leave a suicide note, how to dress oneself for the act, and whether alcohol and drugs are taken (see Lester & Stack, 2015).

Attitudes towards suicide, and the role these play in the way people think about and relate to suicide, have been researched by several scholars (e.g., Domino et al., 2005; Eskin, 2003). However, today cross-cultural comparative studies are still rare (see Colucci & Martin, 2007a; 2007b; Eskin, Palova, & Krokavcova, 2014; Eskin et al., 2015; Eskin et al., 2016; Sadrolsadat & Esfandabad, 2005) and most research on attitudes towards suicide has been conducted in high-income Western countries (Zou et al., 2016), particularly in US.

The present research explores differences in the attitudes toward suicide among youths in three countries – Italy, India and Australia. While suicide has been looked at in Italian, Indian and Australian cultures since a long while (e.g., De Leo & Meneghel, 2001; Farber, 1975; Martin, 1996; Venkoba Rao, 1975), the topic of the cultural meanings and social representations in these cultures and between these cultures remains largely unexplored. No previous study has compared the attitudes toward suicide among young people from these cultures.

Historically, Australia, India and Italy have different rates of youth suicide: quite high in Australian young men, high in young Indians, especially young women in some regions, and low in young Italian men and women (Joseph, et al., 2003; Meneghel, Scocco, & Colucci, 2004; WHO, 2012;). Secondly, these countries show some similarities and differences on important socio-cultural dimensions.

In Italy, suicide is mainly a problem among the elderly. The country is predominantly Roman Catholic, modern and industrial, and collectivism is stressed over individualism. In India, suicide is mainly a problem among youth (especially women). The country is predominantly Hindu, with Muslim and Christian subgroups. The society has been a traditional type in conflict with modernization. In Australia, suicide is an acknowledged problem (especially among men). The country is less strongly religious than are Italy and India, and individualism is strongly present.

On the basis of these differences the following hypotheses were developed. (1) Indian students will have more negative attitudes (as suggested by studies reviewed in Colucci and Martin [2007a, 2007b]). (2) Indian and Italian students, belonging to more collectivistic societies, will refer more often to the role of family when talking about suicide. (3) Indian and Italian students will be more influenced by and will attribute more importance to religion and religious beliefs. (4) Australian students will have more knowledge on the topic (because of the presence of an active national suicide prevention program, including education on suicide). This article reports finding related to the hypothesis 1 whereas the other hypotheses are discussed in Colucci (2013).

Method

Sample

Participants in the study were 686 students (18-24 years old, approximately equal numbers of males and females) from the University of Padua (Italy), several colleges in Bangalore (India) and from the University of Queensland and Queensland University of Technology in Brisbane (Australia). Students had to be at least second-generation citizens, that is, both they and their parents were born in the country.

Following Bloor and collaborators (2001), respondents were drawn from this survey sample to then participate in focus groups. During recruitment, together with the participant information sheet, questionnaire consent form and questionnaire, students received a consent form for the focus group. In each country, 4–5 groups of approximately were organized using systematic sampling, i.e. randomly selecting participants from a larger group to eliminate bias in the selection process (Morgan & Scannell, 1998). Generally groups met for two sessions of 1.5–2.0 hours each. To control the effect of discussing the sensitive topic of suicide with students of the opposite sex, a mix-and- match design (Morgan, 1997) was used: in each

country at least two groups mixed by gender, a group of females only and a group of males only were organized.

The samples are described in Table 1.

INSERT TABLE 1 HERE

Procedure

Volunteer students received a questionnaire investigating the social representations, attitudes, values, views and meanings of youth suicide. The questionnaire was back-translated into Italian for the Italian sample and completed in English by the Australian and Indian samples. The Italian back-translation followed Jones' indications (2001) for an adaptation of the widely accepted Brislin's translation model for cross- cultural research. That is, the questionnaire was translated into Italian by the first author (mother tongue Italian) and then it was retranslated into English, separately, by two bilingual psychologists. The original and two back-translated versions were compared and the small discrepancies discussed with the translators. The agreed version was tested, and an exploratory qualitative analysis carried out, with a sample of Italian, Australian and Indian students, separately, in a pilot study aimed to modify and clarify the questionnaire Italian and English version of the questionnaire and to test focus groups questions and techniques.

This study was approved by the University of Queensland Behavioural & Social Sciences Ethical Review Committee, Project number: 2004000004.

Attitudes towards Youth Suicide scale (AtYS)

Ghjasemi, et al. (2015) identified 14 scales that purport to measure attitudes toward suicide and concluded that there is no "gold standard" approach for the study of attitudes toward suicide. Kodaka, et al. (2011) focused on the three most widely used scales. They concluded that the Suicide Opinion Questionnaire (SOQ: Domino, et al., 1982) has been criticized for having poor psychometric properties (reliability and validity) and being overly long (100 items), while the SUIATT scale (Diekstra & Kerkhof, 1989) has been criticized for having scales whose scores are difficult to interpret. Although Kodaka and colleagues favored the ATTS scale (Renberg & Jacobsson, 2002; 2003), it was decided to develop a new scale, with some items based on these earlier scales and some that were missing in these scales, which were appropriate and relevant for the aims of this study on young people in India, Italy and Australia. In this way, the 21-item Attitude towards Youth Suicide (AtYS) Scale was constructed, answered using a 5-point Likert-scale ranging from "Strongly agree" (scored as 0) to "Strongly disagree" (scored as 4). The questions are shown in Table 2 and the English version of the scale is provided as an additional file (Italian and Hindi scale is available from the first author by email).

INSERT TABLE 2 HERE

Data Analysis

The data were analyzed using SPSS. As the Attitudes towards Youth Suicide scale (AtYS) was a new scale, its properties were analyzed through Principal Components factor analysis (with an oblique [oblimin] rotation). The resulting fours factors were labelled "Negative Attitude towards suicide" (Factor 1), "Suicide not preventable" (Factor 2), "Acceptability/Normality" (Factor 3) and "Beliefs in Signs of Suicide Risk" (Factor 4), (see Table 2). Three of the items (the last three in the table provided) did not load on the four

factors. Factor scores were used for the statistical analyses. Factor scores have a mean of zero and a standard deviation of one.

Results

There were significant differences by sex for the four factor scores. Therefore, two-way AMOVAs were conducted for country-by-sex. Mean scores for the students in the three countries were calculated for each of the subscales and the results are reported in Table 3, where positive values mean agreement and negative values disagreement.

INSERT TABLE 3 HERE

Negative Attitudes toward Suicide

Men and women in India had negative attitudes toward suicide, whereas men and women is Italy and Australia had positive attitudes. The country differences were statistically significant for both men and women. In both India and Australia, men had more negative attitudes toward suicide than did women.

Suicide is not Preventable

Men in India viewed suicide as not preventable more than did men in Italy and Australia. The reverse was true for women with Indian women seeing suicide as more preventable than women in Italy and Australia. Thus, the sex difference in this attitude was significant for India.

Suicide as Acceptable/Normal

People were neutral or in weak agreement about viewing suicide as acceptable and normal except for Italian women who disagreed with this attitude.

The Presence of Risk Signs

By country, for both men and women, Australians thought that there were risk signs for suicide, while Indians disagreed. Men and women were in agreement in India and Australia, but Italian women were more positive about risk signs than were Italian men.

Individual Items

Table 4 presents differences between the students in the three nations on each item.

INSERT TABLE 4 HERE

Discussion and Conclusion

From the mean scores on the 21 single items and the four factors that constitute the Attitudes towards Youth Suicide (AtYS) scale, the results indicated more negative attitudes, progressively, in India and Australia than in Italy. Australian students also believed more that suicide is preventable than did Italians and Indians. Italians and Australians showed more acceptability and tendency to normalize suicide than did Indians. On the factor about the lack of beliefs in signs of suicide (i.e. lack of belief that youth who threaten or talk about suicide might kill themselves), Indians scored higher, followed by Italians and then Australians. There were some differences in attitudes towards suicide by sex, with men, for example, having more negative attitudes on the subscale Negative Attitudes. Some of the differences by sex were country-specific. For example, men in India were less positive about the ability of preventing suicide than were women in India, a difference found in countries where men place a high value on their "masculinity" (River, 2014). Encouraging men in these countries to seek help for suicidal ideation and depression is difficult but, for example, suicide prevention programs have been tailored to men in Australia, focusing on employment sectors, such as construction, where men have been reluctant in the past to acknowledge the fact that they could benefit from counselling.

From the focus group discussions and on other questions in the survey (see Colucci, 2013), the finding that Indians endorsed more negative attitudes, followed by Australians, compared to Italians, is confirmed by the use by Indians and less by Australians of negative attributes such as “selfish”, “bad’, “wrong”, “idiot”, ‘stupid”, “coward”. As further discussed in Colucci (2013), during the focus group discussion, Italian students generally had a non-judgmental and rather accepting attitude towards suicide. This does not mean that Italians had positive attitudes towards suicide (apart from the few students who believed that suicide is a courageous act) but, rather, as rarely expressing negative opinions (e.g. selfish) and showing an overall empathic attitude towards suicide, viewing suicide as something that should not be judged but understood by people. Some Australian participants expressed negative judgments stating, for instance, that suicide is selfish, bad or stupid, whereas few other participants had a more accepting/empathic attitude. Many Indian participants reported negative attitudes towards suicide and toward youth who die by suicide. Apart from participants’ opinions about suicide, Indian participants pointed out that society’s negative judgments towards people who die by suicide affect the family in several ways, for example, by placing shame or a “black mark” on the family.

Although the literature shows that negative attitudes might be a deterrent against suicidal behavior (e.g., Eshun, 2003; Zhang & Jin, 1996), data on this topic are ambiguous. One reason for this might be the multifaceted consequences of negative attitudes. While, on the one hand, a person’s negative attitude towards suicide may act as a deterrent against suicidal behavior in the individual, on the other hand, a widespread negative attitude may also act as a suicide risk factor for the population by acting as a deterrent to help-seeking and thus preventing the person from expressing suicidal intentions and asking for help. This hypothesis warrant further investigation.

This study on attitudes toward suicide in youths was limited by having only university students in the sample. While this similarity facilitates the comparability of the samples, we cannot exclude that youths in Australia, India and Italy who do not attend university might have different attitudes toward suicide than those attending university. Future research should explore differences in attitudes toward suicide among a broader sample of young people as well as young adults and older adults in these three countries.

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Table 1: Study samples

Questionnaire

			mean age	range
Italy	100 Males	124 Females	21.3	19-24
India	113 Males	125 Females	20.9	18-24
Australia	96 Males	125 Females	20.1	18-24

Focus groups

			mean age	range
Italy	15 Males	20 Females	20.6	19-24
India	25 Males	16 Females	20.4	18-24
Australia	8 Males	12 Females	20.1	18-24

Table 2: Factor analysis of the items in the Attitude towards Youth Suicide (AtYS) Scale

Items	Factor 1	Factor 2	Factor 3	Factor 4
I would feel ashamed if a member of my family suicided	0.71*	-0.11	0.02	-0.04
In general, suicide is an act not to be forgiven	0.70*	0.07	-0.10	-0.04
Suicide is a subject that one should not talk about	0.66*	0.29	0.10	-0.03
Suicide can never be justified	0.56*	-0.07	-0.30	0.22
Suicide is among the worst things to do to one's family	0.53*	-0.17	-0.20	0.04
Youth suicide can be prevented	0.02	-0.67*	-0.05	0.07
It is always possible to help a young person with suicidal thoughts	0.05	-0.64*	-0.01	-0.07
If someone wants to suicide, it is their business and we should not interfere	0.15	0.46*	0.34	0.15
Once a young person has decided to suicide, no one can stop him/her	0.04	0.45*	0.09	-0.26
People do have the right to suicide	-0.17	0.04	0.72*	0.23
Youths do have the right to suicide	-0.13	0.13	0.70*	0.25
A youth suffering from a severe, incurable disease expressing wish to die should be helped to do it	-0.17	0.09	0.52*	0.01
There may be situations where the only reasonable thing to do is to suicide	0.26	0.15	0.49*	-0.19
Almost everyone has at one time or another thought about killing him/herself	0.13	-0.31	0.45*	-0.32
Potentially, every one of us can be a suicide	-0.30	-0.28	0.41*	0.01
Youths who make suicidal threats seldom kill themselves	0.05	-0.08	0.08	-0.61*
Youths who talk about suicide do not suicide	0.10	0.13	-0.16	-0.58*
When a young person suicides, it is something he/she has considered for a long time	-0.07	-0.12	-0.03	-0.49*
Most people avoid talking about suicide	0.04	-0.07	0.02	0.14
Heroic suicide (e.g., the soldier in war throwing himself on a live grenade) should be viewed differently from other suicides (e.g., jumping off a bridge).	0.35	-0.35	0.17	-0.02
Suicide occurs without warning signs	0.36	0.29	0.02	-0.30
Eigenvalues	3.19	2.16	1.44	1.22
% of variance	15.85	10.97	7.20	5.85

Factor 1 negative attitudes
Factor 2 belief in preventability of suicide
Factor 3 acceptability/normality
Factor 4 belief in signs of suicide
* factor loading > 0.40

Table 3: Scores on the subscales by country and sex: means and SDs shown

Negative Attitudes

	Italy	India#	Australia#
Men*	-0.60 (.81)	1.10 (.82)	-0.09 (.73)
Women*	-0.71 (.60)	0.61 (.92)	-0.41 (.63)

	F	df	p
Sex	25.64	1,601	< .001
Country	218.35	2,601	< .001
Sex-by-country	3.32	2,601	.037

Suicide not Preventable

	Italy	India#	Australia
Men*	0.11 (.87)	0.55 (1.06)	-0.23 (.89)
Women*	0.16 (.73)	-0.50 (1.05)	-0.11 (1.00)

	F	df	p
Sex	14.28	1,601	< .001
Country	5.68	2,601	.004
Sex-by-country	23.47	2,601	< .001

Suicide Acceptable/Normal

	Italy#	India	Australia
Men	0.19 (.99)	-0.01 (1.07)	0.10 (.99)
Women*	-0.34 (.88)	-0.01 (1.06)	0.03 (.94)

	F	df	p
Sex	6.17	1,601	.013
Country	1.09	2,601	ns
Sex-by-country	4.50	2,601	.011

Risk Signs

	Italy#	India	Australia
Men*	-0.10 (.92)	-0.39 (.99)	0.32 (.92)
Women*	0.19 (.87)	-0.45 (.96)	0.42 (.93)

	F	df	p
Sex	2.10	1,601	ns
Country	35.09	2,601	< .001
Sex-by-country	1.75	2,601	ns

* one-way ANOVA by country for that sex was statistically significant
# t-test between men and women for that country was statistically significant

Table 4: Mean Scores on questions from the Attitude towards Youth Suicide (AtYS) Scale

Items (0 = strongly disagree to 4 = strongly agree)	**ITALY**	**INDIA**	**AUSTR.**	**TOT**	**ANOVA**
1. It is always possible to help a young person with suicidal thought	2.56	2.93	2.85	2.78	F(2, 679)=6.47 p<.005
2. Suicide can never be justified	1.57	2.48	2.09	2.05	F(2, 675)=36.13 p<.001
3. Suicide is among the worst thing to do to one's family	2.61	3.35	2.97	2.98	F(2, 674)=30.18 p<.001
4. Once a young person has decided to suicide, no one can stop him/her	.86	.96	.67	.83	F(2, 679)=5.80 p<.005
5. People do have the right to suicide	1.88	1.31	2.07	1.75	F(2, 667)=24.44 p<.001
6. Youth who make suicidal threats seldom kill themselves	2.06	2.28	2.02	2.12	F(2, 678)=4.38 p<.05
7. Suicide is a subject that one should not talk about	.24	1.36	.43	.69	F(2, 681)=90.75 p<.001
8. Almost everyone has at one time or another thought about killing him/herself	2.17	2.77	2.32	2.43	F(2, 673)=17.76 p<.001
9. There may be situations where the only reasonable thing to do is suicide	.88	1.77	.88	1.18	F(2, 675)=53.28 p<.001
10. Suicide occurs without warning signs	1.13	2.03	1.02	1.40	F(2, 678)=65.03 p<.001
11. Most people avoid talking about suicide	2.65	2.49	2.89	2.67	F(2, 680)=10.87 p<.001
12. If someone wants to suicide, it is their business and we should not interfere	.50	.59	.51	.53	F(2, 680)=1.01 p ns
13. A youth suffering from a severe, incurable disease expressing wish to die should be helped to do it	2.02	1.32	1.77	1.70	F(2, 674)=19.44 p<.001
14. Youth who talk about suicide do not suicide	1.56	1.97	1.48	1.67	F(2, 674)=17.00 p<.001
15. When a young person suicides it is something he/she has considered for a long time	2.12	2.20	1.86	2.06	F(2, 674)=7.40 p<.005
16. Youth suicide can be prevented	3.00	3.12	3.24	3.12	F(2, 677)=4.21 p<.05
17. I would feel ashamed if a member of my family suicided	.96	2.48	1.49	1.65	F(2, 676)=103.16 p<.001
18. Potentially, every one of us can be a suicide victim	2.68	2.21	2.68	2.52	F(2, 678)=16.06 p<.001
19. In general, suicide is an act not to be forgiven	.90	2.11	.90	1.32	F(2, 677)=97.53 p<.001
20. Heroic suicide (e.g., the soldier in war throwing himself on a live grenade) should be viewed differently from other suicides (e.g., jumping off a bridge).	2.21	2.74	2.87	2.61	F(2, 680)=21.98 p<.001
21. Youth do have the right to suicide	1.44	1.05	1.79	1.42	F(2, 678)=22.47 p<.001